

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>March 20, 2001</u>		2 Serial/Patent # <u>09/236,113</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	7	12/4/00	\$130.00							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$130.00							
			8 TO BE REFUNDED BY:								
10 REASON:		<input type="checkbox"/>	Treasury Check								
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>		1	9	--	0	0	3	6
1	9	--	0	0	3	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>No fee due on request for reconsideration under 1.47(a)</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Nancy Johnson</u>		TITLE: <u>Petitions Attorney</u>									
SIGNATURE: <u>Nancy Johnson</u>		PHONE: <u>703-305-0309</u>									
OFFICE: <u>Petitions 4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Giana Chase</u>		DATE: <u>5/9/01</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B